

dampened their excitement. To case that burden for parents and students alike, I rise today to introduce legislation that will make the interest on college loans fully tax deductible, permanently, for every student.

Over the course of a lifetime, a college graduate can expect to earn \$1 million more than someone with a high school diploma alone. Yet, as higher education has become more necessary, it has become more expensive. A study released in May by the National Center for Public Policy and Higher Education shows that the price of tuition is now beyond the reach of many working families. Private colleges are just plain unaffordable, and public colleges are becoming less affordable each year. To pay these high costs, students and their parents increasingly take out larger and larger educational loans. The average college graduate with loans begins working with \$11,000–\$18,000 of debt.

I believe that education is the single most important investment we can make in our children's future. Our government believes that home ownership is an investment that the government should support, and it allows the interest on home interest loans to be tax deductible. Congress should extend the same kind of support to student loan interest.

CONGRATULATING COLORADO STATE UNIVERSITY FOOTBALL

HON. BOB SCHAFFER

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 18, 2002

Mr. SCHAFFER. Mr. Speaker, I rise today to congratulate the Colorado State University football team for winning the 2002 Rocky Mountain Showdown. On August 31, in front of a crowd of 75,531 fans packed into Invesco Field at Mile High, the Rams defeated in-state rival University of Colorado 19–14.

This win is a result of great offensive play, with two touchdowns from running back Cecil Sapp and one from quarterback Bradlee Van Pelt. In addition, the Rams determined defense helped beat the University of Colorado by capturing four key turnovers.

Although Colorado State was a seven-and-a-half point underdog going into the game, by the end they proved themselves a team not to be underestimated. The Rams have won the Showdown rivalry three of the last four seasons and are compelled to challenge their 18–54–2 record against the University of Colorado football team. Dedicated and powerful, Colorado State players are headed by Coach Sunny Lubick's skillful leadership, which will continue to drive their dominance.

I commend the starting line up for a great game. Starting for the defense Peter Hogan LE, Brvan Save NT, Patrick Goodpaster DT, Andre Sommersell RE, Jeff Flora, Drew Wood MLB, Eric Pauly OLB, Dexter Wynn LCB, Landon Jones FS, David Vickers SS, Rhett Nelson RCB. The starting offensive lineup: Bradlee Van Pelt QB, Cecil Sapp RB, Joey Cuppari WR, Chris Pittman WR, Joel Dreessen HB, Matt Bartz TE, Aaron Green OL, Morgan Pears WG, Mark Dreyer C, Albert Bimper SG, Erik Pears ST. Also, playing special teams: Joey Huber P, and Jeff Babcock PK.

In addition, I congratulate the other team members and coaches who contributed to the

CSU victory: Rahssan Sanders RB, Eric Hill WR, Adam Wade LB, Brandyn Hohs WR, Steve Tufte DB, Jason Hepp, Benny Mastropalo DB, Henri Childs RB, Miles Kockevar DB, Hayward Adam LB/S, J.J. Stepien WR, Doug Heald LB, Courtney Jones LB, Lavell Mann DL, Jamie Amicarelia OL, Michael Brisiel OL, Russell Sprague WR, Thomas Wallace DE, Brandon Alconcel TE, James Sondrup TE, Jonathon Simon DL, Chris Kiffin, Assistant Coaches John Benton, Mick Delaney, Tom Ehlers, Dan Hammerschmidt, Larry Kerr, Matt Lubick, Marvin Sanders, Brian Schneider, and Jesse Williams.

Congratulations to Colorado State for their victory. I wish them success throughout the remainder of the 2002 football season. Go Rams!

A CALL FOR ACTION: THE CENTERS FOR MEDICARE AND MEDICAID SERVICES NEEDS TO ADDRESS CRNA BILLING ISSUE IMMEDIATELY

HON. DOUG BEREUTER

OF NEBRASKA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 18, 2002

Mr. BEREUTER. Mr. Speaker, this Member wishes to submit, for the CONGRESSIONAL RECORD, a letter to Mr. Thomas Scully, Administrator of the Centers for Medicare and Medicaid Services (CMS), requesting that he address a Certified Registered Nurse Anesthetist (CRNA) billing issue immediately. This Member is taking this unusual step for additional visibility in the hope that this serious problem will be fixed immediately.

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, DC, September 17, 2002.

Mr. THOMAS SCULLY,
Hubert Humphrey Building,
Washington, D.C. 20201.

DEAR MR. SCULLY: On behalf of the Nebraska Hospital Association, Nebraska's 56 Critical Access Hospitals (CAH) and the communities they serve, I respectfully request that the Centers for Medicare and Medicaid Services (CMS) address a Certified Registered Nurse Anesthetist (CRNA) billing issue immediately.

As you are aware, most CAHs are eligible to bill for CRNA services on a "pass-through" basis. This means that they receive cost-based reimbursement for those CRNA services. To receive periodic payments for CRNA's services, the CMS has instructed Nebraska hospitals to bill these services, including professional services, on a UB-92 form rather than to the Medicare Part B carrier on a HCFA-1500. The hospitals have also been instructed to use the revenue code "964" to bill for the CRNA's professional services on the UB-92 form.

However, it is my understanding that the CMS non-outpatient prospective payment system code editor (OCE) will not allow CRNA claims to be processed (and as such cannot be paid) with revenue code 964. Consequently, Nebraska hospitals have not received their Medicare payments which have been due for more than a year. Many Nebraska hospitals are having their cash flow suspended by hundreds of thousands of dollars in some cases. Therefore, this is a significant issue to these hospitals.

We have been informed that the CMS will not be able to change the 964 edit until April

1, 2003. A system fix should be made now or at the next quarterly update rather than wait until April 1, 2003. A temporary "fix" has been used by other fiscal intermediaries through the use of revenue code 379 in lieu of 964, which is a generic "anesthesia" revenue code. This will at least allow the hospital claims to be paid. However, one or more fiscal intermediaries are concerned with compliance and fraud and abuse issues and will not allow hospitals to use revenue code 379 as a temporary fix.

In order for CMS to address this problem immediately, I am requesting that CMS issue a letter of instruction or a program memorandum to Nebraska and other fiscal intermediaries (whatever document may be issued in the least amount of time). This letter should be clear in its direction to fiscal intermediaries to use the revenue code 379 as a temporary fix in order to get the hospitals' claims processed without delay. I am aware that a draft program memorandum has been issued with regard to this matter. If the CMS could make that program memorandum final, then fiscal intermediaries could utilize revenue code 379.

In my opinion, the CMS also needs to designate an individual that fiscal intermediaries or hospital associations can contact regarding critical access hospital issues. This individual needs to understand how a CAH operates, as well as how policies changed by the CMS will affect other issues, particularly billing. The 964 revenue code is a good example of problems many CAHs are experiencing. I am certain that any critical access hospital in Nebraska would be glad to host this individual for a tour and orientation of how a CAH operates.

Again, I respectfully request that you address this CRNA billing issue immediately, as it seriously curtails the financial viability of rural hospitals. I look forward to your prompt response and for your information, I intend to place this letter in the CONGRESSIONAL RECORD.

Best wishes,

DOUG BEREUTER,
Member of Congress.

IN RECOGNITION OF TOUCHPOINT HEALTH PLAN

HON. MARK GREEN

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 18, 2002

Mr. GREEN of Wisconsin. Mr. Speaker, today I'd like to recognize and honor, before this House, Touchpoint Health Plan for receiving an "Excellent" Accreditation Status by the National Committee for Quality Assurance (NCQA) for its commercial managed care organization.

Being named the "highest performing plan in the nation overall," Touchpoint established itself as one of the premier managed care plans in the country, setting four national benchmarks in the areas of Breast Cancer Screening, Beta Blocker Treatment After Heart Attack and two measures of diabetic care.

No plan in the nation has distinguished itself more consistently in terms of performance measures than Touchpoint. It has a proud history of providing superior care to folks in my northeastern Wisconsin district, receiving a Full Accreditation from NCQA three years ago—the highest level available.

According to NCQA, this accreditation places Touchpoint among "an elite group of

health plan products by virtue of their commitment to clinical excellence, customer service and continuous improvement."

Mr. Speaker, Touchpoint has worked hard to earn this mark of distinction, and I'm proud to honor them here today.

RECOGNIZING THE ACHIEVEMENTS OF LATINAS

HON. HILDA L. SOLIS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 18, 2002

Ms. SOLIS. Mr. Speaker, as we begin to celebrate Hispanic Heritage month, I rise today to honor the accomplishments of Latinas across our nation and highlight their contributions.

Today there are over sixteen million Hispanic women living in the United States. Latinas have been contributing members of our society since its inception. We are writers, scientists, community organizers, and business leaders. Latinas have made inroads in all facets of society and today I stand, as a Latina Member of the U.S. House of Representatives, to honor the often overlooked achievements of this population.

We are recipients of the MacArthur "Genius" Award—like writer and poet Sandra Cisneros, and immigration advocate Cecilia Munoz;

We are recipients of NASA's Exceptional Service Medal—like astronaut and scientist Ellen Ochoa;

We are part of the National Women's Hall of Fame—like the co-founder of the United Farm Workers Union, Dolores Huerta, and Antonia Novello, the first female and first Hispanic Surgeon General of the United States.

In the face of societal obstacles like unequal pay, educational disadvantages, unmet health care needs, and civil rights struggles, Latinas have already accomplished so much. Yet we know we can do much more. During Hispanic Heritage Month we celebrate our success, but we must be more aware of helping, Latinas maximize their great potential all year-round.

Recuerda que el éxito se alcanza convirtiendo cada paso en una meta y cada meta en un paso. Hoy es el día de realizar nuestros sueños. (Remember that success is achieved by taking each step as a goal and each goal as a step. Today is the day to realize our dreams.)

DEPARTMENT OF VETERANS AFFAIRS EMERGENCY PREPAREDNESS ACT OF 2002

SPEECH OF

HON. STEVE BUYER

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, September 17, 2002

Mr. BUYER. Madam Speaker, today I rise in support of H.R. 3253, as amended, which reflects the House-Senate compromise that was reached. This legislation was originally introduced by Chairman Chris Smith to establish at least four medical emergency preparedness centers at designated VA medical centers. As a cosponsor of this legislation, I want to thank

Chairman Smith for his leadership in moving this important legislation towards final passage.

I also want to thank Chairman Smith, members, and staff in both chambers for preserving H.R. 3254, the Medical Education for National Defense (MEND) for the 21st Century in the final package. That language is incorporated in Section 3 of H.R. 3253, as amended, and is entitled: Education and Training Programs on Medical Responses to Consequences of Terrorist Activities.

Section 3 of H.R. 3253, as amended, would establish an education program to be carried out through the Department of Veterans Affairs. The education and training curriculum developed under the program shall be modeled upon the F. Edward Hebert School of Medicine of the Department of Defense's Uniformed Services University of Health Sciences (USUHS) core curriculum, which includes a program to teach its students how to diagnose and treat casualties that have been exposed to chemical, biological, or radiological agents.

As a Nation, we must be prepared for the new face of terror that we have been forced to confront in the aftermath of the September 11th attacks. What has become all too clear is that our health care providers are not resourced or trained with the proper tools to diagnose and treat casualties in the face of biological, radiological, and chemical weapons.

It is imperative that such a program be disseminated to the Nation's medical professionals and current medical students. This section of the bill takes advantage of the nexus that already exists between the medical education community and the VA. Currently, 107 medical universities are affiliated with a VA medical center. This nexus is already in place and that is what we plan to exploit.

The VA's extensive infrastructure of 163 medical centers, 800 clinics, and satellite broadcast capabilities, will enable the current and future medical professionals in this country to become knowledgeable and medically competent in the treatment of casualties that we all hope will never materialize.

We cannot afford to assume that our country will never again experience a biological, chemical, or radiological attack on the American people. We must, as elected Representatives, act to ensure that if the worst of our fears are realized that the country's medical professionals will be ready and able to deal with these situations.

It is not the intent of this legislation to create new community standards of practice. We must recognize that diseases such as smallpox, botulism, and the plague are not normally treated or recognized in this country. It is extremely important that all of our health care professionals are familiar with and able to diagnose and treat suspected exposure to weapons of mass destruction.

The American Medical Association endorsed H.R. 3254, and the American Association of Medical Colleges has thrown its full support behind this plan. These two organizations know how vital it is to receive this important educational curriculum that addresses the medical aspects of biological chemical and radiological attacks, and they have recognized that the VA is in a unique position to assist with the dissemination of this information to the Nation's medical community.

It is often said that knowledge is power, and in this instance nothing could be more accu-

rate. The knowledge that would result from the implementation of this act is critical. Our medical professionals need to be offered training methods that would enable them to save lives . . . and I can think of no greater power than that.

Please, join with me and support final passage of this important piece of legislation.

THE INTRODUCTION OF THE AQUATIC INVASIVE SPECIES RESEARCH ACT (H.R. 5395)

HON. VERNON J. EHLERS

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 18, 2002

Mr. EHLERS. Mr. Speaker, I am pleased to introduce today a bill that is critical to solving the economic and environmental problems posed by aquatic invasive species—the Aquatic Invasive Species Research Act. This Act authorizes funding to conduct research to support our efforts to detect, prevent and eradicate invasive species. It complements a bill being introduced today by Mr. GILCHREST in the House and Mr. LEVIN in the Senate to reauthorize the National Invasive Species Act. Many people may wonder what an invasive species is and why it is so crucial to keep them out of U.S. waters and so I will start off with some background.

The introduction of non-native invasive species is not new to United States. People have brought non-native plants and animals into the United States, both intentionally and unintentionally, for a variety of reasons since the New World was discovered. Some examples include the introduction of nutria (which is a rodent similar to a muskrat) by trappers to bolster the domestic fur industry, and the introduction of the purple loosestrife plant to add rich color to gardens. Both nutria and purple loosestrife are now serious threats to wetlands. Non-native species may also be introduced unintentionally, such as through species hitching rides in ships, crates, planes, or soil coming into the United States—zebra mussels, for example, came into the Great Lakes through ballast water from ships.

Not all species brought into the country are harmful to local economies, people, and/or the environment. In fact, most non-native species do not survive because the environment does not meet their biological needs. In many cases, however, the new species will find favorable conditions (such as a lack of natural enemies or an environment that fosters propagation) that allow it to survive and thrive in a new ecosystem. Only a small fraction of these non-native species become an "invasive species"—defined as a species that is both non-native to the ecosystem under consideration, and whose introduction causes or may cause economic or environmental harm or harm to human health. However, this small fraction can cause enormous damage—both economic and environmental.

Aquatic invasive species can be very costly to our economy. Estimating the total economic impact of harmful non-native species is extremely difficult. No single organization accumulates such statistics comprehensively. However, researchers at Cornell University estimate that invasive species cost Americans \$137 billion annually. This includes the cost of